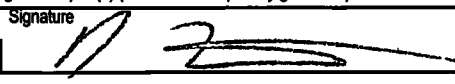

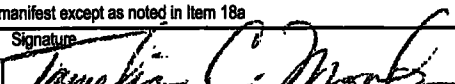




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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number MDN000306146	2. Page 1 of 1	3. Emergency Response Phone (300) 483-3718	4. Manifest Tracking Number 001879661 FLE			
5. Generator's Name and Mailing Address U S EPA Region III for Elkton Farm Firehole 183 Zettler Road Elkton, MD 21921				Generator's Site Address (if different than mailing address) SAME				
Generator's Phone: (215) 756-7977				27140540				
6. Transporter 1 Company Name Tri State Motor Transp				U.S. EPA ID Number MD0095038998				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address Clean Harbors Colfax LLC 3763 Highway 471 Colfax, LA 71417				U.S. EPA ID Number LAD981055791				
Facility's Phone: (318) 627-3443								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
			No.	Type				
	X	1. UN0306, WASTE TRACERS FOR AMMUNITION, 1.4G, PG II	1520m		38220	P	0003	
		2.						
		3.						
		4.						
14. Special Handling Instructions and Additional Information 1. CH334457				1 Gross wt ERG 114				
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offor's Printed/Typed Name Dominic Ventura				Signature 		Month Day Year 12 18 08		
INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
	Transporter signature (for exports only): _____							
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name Cheryl Carroll				Signature 		Month Day Year 12 18 08	
	Transporter 2 Printed/Typed Name				Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy							
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
	Manifest Reference Number:							
	18b. Alternate Facility (or Generator)				U.S. EPA ID Number			
	Facility's Phone:							
	18c. Signature of Alternate Facility (or Generator)						Month Day Year	
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
	1. H129	2.	3.	4.				
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
	Printed/Typed Name Tamela C. Morton				Signature 		Month Day Year 12 19 08	